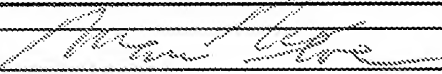


|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |  | <b>Complete if Known</b> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/560,735-Conf. #3722 |
|  |  | Filing Date              | December 15, 2005      |
|  |  | First Named Inventor     | Kazumi Nii             |
|  |  | Examiner Name            | M. H. Wilson           |
|  |  | Art Unit                 | 1794                   |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 130.00                 |
|  |  | Attorney Docket No.      | 0649-1178PUS1          |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____   |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b><br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments |  |

| <b>FEE CALCULATION</b>  |                     |   |                 |                                |                                  |                       |                |
|---|---------------------|---|-----------------|--------------------------------|----------------------------------|-----------------------|----------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                 |                                |                                  |                       |                |
| Application Type  | FILING FEES         |   | SEARCH FEES     |                                | EXAMINATION FEES                 |                       | Fees Paid (\$) |
|   | Fee (\$)            | Small Entity Fee (\$)                                   | Fee (\$)        | Small Entity Fee (\$)          | Fee (\$)                         | Small Entity Fee (\$) |                |
| Utility   | 330                 | 165   | 540             | 270                            | 220                              | 110                   |                |
| Design  | 220                 | 110   | 100             | 50                             | 140                              | 70                    |                |
| Plant   | 220                 | 110   | 330             | 165                            | 170                              | 85                    |                |
| Reissue   | 330                 | 165   | 540             | 270                            | 650                              | 325                   |                |
| Provisional   | 220                 | 110   | 0               | 0                              | 0                                | 0                     |                |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                 |                                |                                  |                       |                |
|   |                     |   |                 |                                |                                  | Small Entity          |                |
|   |                     |   |                 |                                |                                  | Fee (\$)              | Fee (\$)       |
| Each claim over 20 (including Reissues)   |                     |   |                 |                                |                                  | 52                    | 26             |
| Each independent claim over 3 (including Reissues)  |                     |   |                 |                                |                                  | 220                   | 110            |
| Multiple dependent claims   |                     |   |                 |                                |                                  | 390                   | 195            |
| <u>Total Claims</u>   |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>           | <u>Multiple Dependent Claims</u> |                       |                |
| 6 - 20 or HP  |                     | 0   | 52.00           | 0.00                           | Fee (\$)                         |                       | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                 |                                |                                  |                       |                |
| <u>Indep. Claims</u>  |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>           |                                  |                       |                |
| 1 - 3 or HP   |                     | 0   | 220.00          | 0.00                           |                                  |                       |                |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                 |                                |                                  |                       |                |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                 |                                |                                  |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                 |                                |                                  |                       |                |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> |                 | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u>             |                       |                |
| - 100 =   |                     | /50 =   |                 | (round up to a whole number) x | =                                |                       |                |
| <b>4. OTHER FEE(S)</b>  |                     |   |                 |                                |                                  |                       |                |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                 |                                |                                  |                       |                |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                     |   |                 |                                |                                  | 130.00                |                |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 32,181         |
| Name (Print/Type)   | Marc S. Weiner  | Telephone                         | (703) 205-8000 |
|                     |   | Date                              | FEB 11 2010    |